

819104 PART B - FEE(S) TRANSMITTAL

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28075 7590 05/14/2004

CROMPTON, SEAGER & TUFTE, LLC
 1221 NICOLLET AVENUE
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Kathleen L. Bookley (Depositor's name)
Kathleen L. Bookley (Signature)
 August 6, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/010,397	11/07/2001	Lance A. Monroe	1001.1337102	6092

TITLE OF INVENTION: CATHETER TIP DESIGNS AND METHOD OF MANUFACTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRUONG, KEVIN THAO	3731	623-001110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SciMed Life Systems, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advance Order - # of Copies one (1)

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- ☒ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature) *David M. Crompton* (Date) 8/6/04

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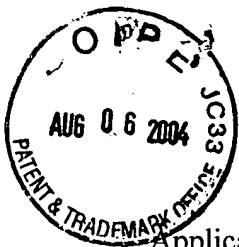
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/07/2004 SDIRETAE 00000150 10010397

01 FC:1501 1330.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 3.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lance A. Monroe et al. Confirmation No.: 6092
Serial No.: 10/010,397 Examiner: K. Truong
Filing Date: November 7, 2001 Group Art Unit: 3731
Docket No.: 1001.1337102 Customer No.: 28075
For: CATHETER TIP DESIGNS AND METHOD OF MANUFACTURE

TRANSMITTAL SHEET

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Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 314495018 US, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 6th day of August 2004.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached:

- [] Amendment
[] No additional claim fee required
[] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86=	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

[XX] A check in the amount of \$1,633.00 is enclosed. Itemization:

Fee Code 1501 \$1,330.00

Fee Code 1504 \$ 300.00

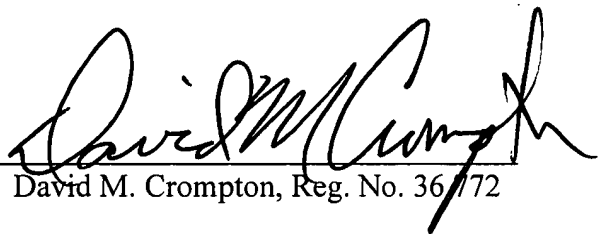
Fee Code 8001 \$ 3.00

[] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: ISSUE FEE TRANSMITTAL AND CHANGE IN FEE ADDRESS.

[XX] Return Receipt Postcard (MPEP 503).

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By: 
David M. Crompton, Reg. No. 36,772

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